

Waiver of Confidentiality & Authorization to Publish Kentucky Work Ready Skills Initiative Application

I, _____, the authorized signatory for _____ (“Lead Applicant”), hereby acknowledge, on behalf of Lead Applicant and each partnership member organization, that the entirety of this Kentucky Work Ready Skills Initiative Application (“WRSI Application”), including my responses and any attachments hereto, shall be open for public inspection. I also authorize the Kentucky Education and Workforce Development Cabinet to publish and/or distribute the entirety of this WRSI Application, including all responses and attachments, to the public, to other state agencies (including the Cabinet for Economic Development), and to contracted consultants to determine the feasibility and potential impacts associated with the proposed project.

I fully understand and acknowledge, on behalf of the Lead Applicant and all partnership member organizations, that signing this form constitutes a waiver of Lead Applicant's, as well as each partnership member organization's, right to confidentiality as to any and all information contained in the WRSI Application, including any attachments hereto. Further, I certify that Lead Applicant and each partnership member organization submits this WRSI Application with full knowledge and understanding of the fact that it has no right to confidentiality and that the full WRSI Application and all attachments will be open to public inspection.

Lead Applicant and all partnership member organizations hereby release and hold harmless the Kentucky Education and Workforce Development Cabinet, its agents, and staff who shall comply in good faith with this waiver and authorization, from any and all liability of any kind arising from or in any way related to the publishing or distribution of Applicant's WRSI Application.

By signing this Waiver and Authorization, Lead Applicant represents that each partnership member organization has reviewed, understands, willingly consents, and is bound by each and every term or provision contained in this Waiver of Confidentiality and Authorization to Publish Kentucky Work Ready Skills Initiative Application.

Authorized Signature, Lead Applicant

Title

Printed Name _____

Date _____

STATE OF KENTUCKY)

) SS

COUNTY OF)

SUBSCRIBED, SWORN TO AND ACKNOWLEDGED before me, a Notary Public, this ____th day of _____, 2016, by _____.

My commission expires: _____

NOTARY PUBLIC-STATE AT LARGE

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By signing below, each partnership member organization acknowledges that it has read the Waiver of Confidentiality and Authorization to Publish Kentucky Work Ready Skills Initiative Application and, furthermore, knowingly waives its right to confidentiality as to any and all content contained in this WRSI Application, the responses, and attachments hereto. Each partnership member organization also expressly authorizes the Kentucky Education and Workforce Development Cabinet to publish this WRSI Application in its entirety, including responses and attachments. This form must be signed by an authorized representative of the partnership member organization or by the Lead Applicant with permission of the partnership member organization.

_____ Authorized Signature, Partner	_____ Title	_____ Date
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